

# Hutt Valley District Health Board

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## Introduction

This report records the results of a Certification Audit of a provider of hospital services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Hutt Valley District Health Board
<b>Premises audited:</b>	Central Region Eating Disorder Service  Hutt Valley Hospital
<b>Services audited:</b>	Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Mental health services; Hospital services - Geriatric services (excl. psychogeriatric); Hospital services - Children's health services; Residential disability services - Psychiatric; Hospital services - Surgical services; Hospital services - Maternity services
<b>Dates of audit:</b>	Start date: 24 May 2016    End date: 27 May 2016
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	237

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice

## General overview of the audit

Hutt Valley District Health Board provides a range of services to the region's population of 145,000 people. Hospital services include medical, surgical, child health, maternity and mental health including an eating disorders unit.

This four day certification audit against the Health and Disability Services Standards, included an in depth review of organisational management systems, six patients' care and two clinical systems. During this process auditors reviewed clinical records and other documentation, interviewed patients and their families, interviewed management and staff across a range of roles and departments, and observed practices.

Hutt Valley District Health Board is part of a two and three hospital management structure with Wairarapa District Health Board and Capital and Coast District Health Board. For some organisation wide systems and services, two of the three district health boards have joint management structure, and for others, three of the district health boards have one management structure. Seven months ago a new chief executive was appointed. Following discussion with chief executives, each DHB has developed proposals to ensure a workable and sustainable leadership structure. A key phase of the change proposal is building dedicated operational leadership and management in each District Health Board. Changes are also being processed for some 3DHB services.

The consequence of the existing management structure arrangement, evidenced at this audit, has resulted in 30 findings with several resulting from the current structure and including staffing shortages in nursing and an impact on patients through poor timeliness of clinical activities. Additional areas requiring improvement include family violence screening, open disclosure, advance directives and consent, quality and risk management, document management, training record completeness, the credentialing process, planning care including goal setting, cultural assessment and completeness of care plans, access to an activities programme for mental health consumers, documented evaluations, medicine management, menu review and some food storage controls, waste management, some environmental issues, restraint management including appropriate use of restraint and enablers, seclusion and finally isolation precautions.

## **Consumer rights**

The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) is known to staff and patients who state they have been informed of their rights. Posters and brochures on the Code are available in all areas along with brochures on the Nationwide Health and Disability Advocacy Service. Patients stated they have received services that upheld their rights including sufficient information to make informed choices and provide consent. Privacy is upheld.

Ethnicity data is collected and questions related to values and beliefs are recorded on admission and acted upon. Hutt Valley District Health Board (DHB) has a Maori Health Plan and a '2DHB' (Hutt Valley and Wairarapa DHBs) Pacific Island Action Plan. A Maori health team support patients and staff in all areas of the organisation and feedback is very positive on the responsiveness of this team. They also provide integrated support for mental health patients returning from the inpatient unit into the community.

Patients and family members state communication is open and honest. Access to interpreter services is available.

Professional boundaries are maintained and anti-discrimination information is available in mental health services.

Examples of good practice were noted across the services. These include the electroconvulsive therapy process, good use of research based tools in the clinical areas, this year's vaccination programme and new ambulance transfer processes.

Processes are in place to manage advanced directives.

There is a formal complaints process with brochures available for making a complaint in all areas and an email address via the organisation's website. The review of the process and complaints register showed complaints are being managed in line with Right 10 of the Code. Complaints are responded to within the timeframes required. Investigations into complaints deal with all the issues raised and learnings from complaints were evident.

## **Organisational management**

A new chief executive has been appointed. A leadership and governance plan has been established and is in the process of implementation. New positions for the chief medical officer and chief operations officer have been appointed. An improved clinical governance structure has commenced two months ago. The CEO is driving a programme to strengthen leadership across the organisation which includes responsibility, accountability, delegation and training.

The quality structure is under review. A quality team provide support to services to encourage quality monitoring and improvement. Activities for quality management occur at all levels within the organisation.

Balanced score card systems continue to be reviewed and improved over the last three years. The balanced score card has been designed to focus on Ministry of Health targets, quality, workforce and financials. Each directorate have specific key performance indicators relevant to their area. Reporting systems are defined, regular and provide a narrative summary to managers.

The organisation has implemented a new '3 DHB' (Capital and Coast DHB, Hutt Valley DHB and Wairarapa DHB) event reporting and management process and the electronic data system (3 Square) that went live in March this year. Staff are aware of the new process, reporting out of the system is currently being developed. Data collected is used for analysis and trending. A review of incident reports showed that the process is being managed and issues are being identified and reviewed.

A risk management policy and process guides the risk management system. Currently the organisation are using Sharepoint but are moving to '3 Square' as part of the 3 DHB reporting system. Reporting and oversight occurs via the finance, risk and audit committee who report to the board and the CEO.

There is a well-defined recruitment process. Orientation is defined and implemented which includes required mandatory training. Ongoing training opportunities are available.

Staffing guidelines are documented and Trendcare is used as the patient acuity tool to assist decisions made by the operations centre team. This team meet regularly to review staffing needs and patient flow.

Patients' files are uniquely identified, maintained and accessible. An electronic tracking system manages access. Storage and security meet Archives New Zealand standards.

## **Continuum of service delivery**

Patients' access to services is based on needs and guided by policy. Processes are in place to communicate with the referrer or patients if patients do not meet the admission/referral criteria. Preadmission assessment processes are used where appropriate.

Six patients' journeys were reviewed in detail as part of the audit process. Other wards were also visited to review aspects of service delivery. Auditors and technical expert assessors worked collaboratively with staff and managers reviewing documentation and interviewing medical, nursing, and allied team members, patients and family/whanau.

Services are provided by appropriately qualified and skilled staff. Students are supervised.

Admission assessment tools are based on current accepted practice. Ongoing patient care is planned by the multidisciplinary team and documented. There is some variation between wards as to where and how this is recorded. Patient goals are not consistently identified and care planning in some areas is fragmented. Evaluations are occurring of patients' progress over time. Examples were sighted where patients' needs were not met in a timely manner. Despite this, all patients and families interviewed expressed satisfaction with the care and treatment provided and confirmed being involved with decision making.

Referrals to allied staff and other specialists are occurring. The multidisciplinary approach to care and discharge planning processes to facilitate safe patient discharge is well managed. Shift handovers are occurring and verbal and written summaries accompany the patient when they transfer between wards or are discharged to other health services.

Activities available meet the requirements of individual patients with the exception of one service, where a key staff member is on prolonged leave.

Policies and procedures provide guidance to staff in safe medicine management. Education is provided to staff on medicine management activities. The national medicine chart is used. Clinical pharmacists are available for advice and support. Patients are informed of medicines given and changes that occur over time. Patients 'own' medicines are clearly identified and stored securely.

Food and nutrition services are provided by employed staff with the advice/support of dietitians in order to meet individual dietary needs. Patients' dietary needs are identified and communicated.

## **Safe and appropriate environment**

All buildings have a current building warrant of fitness and fire service approved evacuation plans. Some of the buildings are old with prioritisation of work being undertaken to meet the overall maintenance needs of the organisation.

Planned preventative maintenance and reactive maintenance of equipment and facility is being managed, however the data shows that not all maintenance requirements are able to be met on a month by month basis.

The management of waste, chemicals and hazardous substances are controlled by policy, however evidence that all staff, who require training, in the handling of chemicals was not available.

Planning for all types of emergencies is well developed and suitable equipment and supplies are available. Evacuation drills in all areas occur on a six monthly basis

Patient areas have adequate natural light, heating, ventilation and call bells for assistance. The campus is smoke free. There are sufficient toilets for patients and separate ones for staff and visitors.

Security is managed by the orderlies services with a range of technology and trained personnel available as and when needed.

## **Restraint minimisation and safe practice**

Comprehensive restraint minimisation and safe practice policies and procedures provide a guide for staff on how to initiate, monitor and terminate enabler and restraint use. A focus on alerting staff to trauma informed care practices is included. The policy promotes current best practice in assessing and minimising restraint.

An organisational restraint minimisation and safe practice committee mandates restraint and enabler related processes and monitors implementation. This audit has identified confusion about the use of enablers and when an enabler becomes a restraint.

Mental health has a subcommittee that focusses on seclusion and restraint reduction. There has been a significant reduction in seclusion and restraint events in the acute mental health unit.

Restraint reviews are in place to inform the organisation on the level of implementation of the required processes and the measures that need to be taken to address any issues identified.

Appropriate staff training is provided for restraint minimisation and safe practice including calming and de-escalation.

## **Infection prevention and control**

Hutt Valley District Health Board has an infection prevention and control programme that has been approved by the infection prevention and control committee (ICC) and has been approved by governance representatives. The committee reports to the hospital advisory committee, the chief operating officer and the chief medical officer. The infection prevention and control programme is facilitated by the three clinical nurse specialists. They are supported by the infection prevention and control committee, the infectious diseases physician, laboratory staff, ward/department based link representatives and the pharmacist responsible for antibiotic use.

Policies and procedures are available electronically to guide staff practice, a number of which are under review. The clinical nurse specialists in infection prevention and control participate in relevant ongoing education. Orientation and ongoing education is also provided to DHB staff and patients. Records are retained to demonstrate this.

Surveillance for infections is occurring. The surveillance programme is appropriate to the service setting and includes significant organisms including multi-drug resistant organisms, specific surgical site infections, invasive device related infections, blood stream infections and outbreaks. The surveillance results are communicated appropriately. Monitoring of compliance with prophylactic and therapeutic antimicrobial use is occurring.

A systems approach was used to review infection control systems in detail and practices related to the identification, communication and implementation of isolation precautions for relevant patients.